

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		The Friends of Tim Beveridge					
Street Address		4114 Harvard Rd					
City	Erie	State	PA	Zip Code	16509		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/2017	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only ERIE COUNTY VOTER REGISTRATION 2018 JAN -2 AM 11:30 18
	11/28/2017	12/31/2017	
A. Amount Brought Forward From Last Report	\$	608.79	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	608.79	
D. Total Expenditures (From Schedule III)	\$	608.79	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

2018 day of January 18
 Tonia Wilt
 Signature
 4-3-19
 MO. DAY YR.
 My Commission expires

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Tonia Wilt, Notary Public
 City of Erie, Erie County
 My Commission Expires April 3, 2019

Peter T. Benoit
 Signature of Person Submitting report
 PETER T. BENOIT
 Printed Name
 814
 Area Code
 456-0835
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

2018 day of January 20 18
 Tonia Wilt
 Signature
 4-3-19
 MO. DAY YR.
 My Commission expires

Timothy S. Beveridge
 Signature of Candidate
 TIMOTHY S. BEVERIDGE
 Printed Name
 814
 Area Code
 434-4902
 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Tonia Wilt, Notary Public
 City of Erie, Erie County
 My Commission Expires April 3, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S			
City	State	Zip Code				
Description of Debt						

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts - \$50.00 or less per Contributor			
Total for the reporting period		(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period		(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$
4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number									
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	Amount	
House #	Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

File Identification Number	
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Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number									
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Contributor Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City		State	Zip Code	Date (MM/DD/YYYY)	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City		State	Zip Code	Date (MM/DD/YYYY)	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City		State	Zip Code	Date (MM/DD/YYYY)	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City		State	Zip Code	Date (MM/DD/YYYY)	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

PART E
Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number									
Full Name									
House #		Street Address							
City		State			Zip Code		Date (MM/DD/YYYY)		
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date (MM/DD/YYYY)		
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date (MM/DD/YYYY)		
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date (MM/DD/YYYY)		
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date (MM/DD/YYYY)		
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date (MM/DD/YYYY)		
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Election Identification Number	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50,000 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50,001 TO \$250,000 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTIONS RECEIVED: VALUE OVER \$250,000 (FROM PART F)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number	
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Full Name of Contributor		Date (MM/DD/YYYY)		S	
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Description of Contribution					
Full Name of Contributor		Date (MM/DD/YYYY)		S	
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Description of Contribution					
Full Name of Contributor		Date (MM/DD/YYYY)		S	
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Description of Contribution					
Full Name of Contributor		Date (MM/DD/YYYY)		S	
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Description of Contribution					
Full Name of Contributor		Date (MM/DD/YYYY)		S	
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Description of Contribution					

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Vicki Upperman				Date [MM/DD/YYYY]	12/05/2017	\$	188.93
House #	5958	Street Address	5958 Hillhaven Dr			Description of Expenditure			
City	Erie	State	PA	Zip Code	16509	Reimbursement for fund raising activities			
To Whom Paid		CTE Ryan Bizzarro				Date [MM/DD/YYYY]	12/05/2017	\$	401.58
House #	2653	Street Address	2653 West 25th St			Description of Expenditure			
City	Erie	State	PA	Zip Code	16506	Donation			
To Whom Paid		Marquette Savings Bank				Date [MM/DD/YYYY]	12/5.2017	\$	18.28
House #	920	Street Address	920 Peach St			Description of Expenditure			
City	Erie	State	PA	Zip Code	16501	Correction of check book error			
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
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Full Name of contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City		State		Zip Code	Date (MM/DD/YYYY)	S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City		State		Zip Code	Date (MM/DD/YYYY)	S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City		State		Zip Code	Date (MM/DD/YYYY)	S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City		State		Zip Code	Date (MM/DD/YYYY)	S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			